

**OFFICE OF THE UNITED STATES TRUSTEE
FOR THE DISTRICT OF NEW JERSEY
One Newark Center, Suite 2100
Newark, New Jersey 07102
Tel. No. (973) 645-3014
Fax No. (973) 645-5993**

QUESTIONNAIRE FOR OFFICIAL COMMITTEE OF TALC CLAIMANTS

**LTL Management, LLC
Case No.: 21-30589 (MBK)**

Please Type or Print Clearly.

I am willing to serve on a Talc Claimants Committee . Yes (X) No ()

A. Talc Claimant's Name and Contact Information:

Name: Shirleeta Ellison _____ Phone: 551-580-0718
Address: 1193 River Road _____ Fax:
Teaneck, New Jersey 07666 _____ E-mail: sdellison2@gmail.com

B. Counsel (if any) for Talc Claimant and Contact Information:

Name: Daniel Lapinski
John Baden IV _____ Phone: 856-382-4670
Address: Motley Rice LLC _____ Fax: 856-667-5133
210 Lake Drive East, Suite 101 _____ E-mail: dlapinski@motleyrice.com
Cherry Hill, New Jersey 08002 _____ jbaden@motleyrice.com

C. If you have been contacted by a professional person(s) (e.g., attorney, accountant, or financial advisor) regarding the formation of this committee, please provide that individual's name and/or contact information:
See Response B, above.

D. Amount of Unsecured Claim (U.S. \$) _____ Personal Injury _____

E. If your claim is against more than one debtor, list all debtors:

N/A

F. Describe the nature of your claim(s), i.e., whether arising from goods or services provided; loans made; litigation; etc., including whether any portion is secured. If secured, please describe the collateral securing the claim. If any portion of the claim(s) arises from litigation, please state the nature of the claim, the case number and jurisdiction (if applicable) and the status.

Personal injury arising from use of Johnson's Baby Powder, currently pending in Atlantic County, ATL-L-002107-20.

G. Amount of Unsecured Claim entitled to 11 U.S.C. §503(b) treatment as an administrative expense: N/A

H. Would your schedule permit you to actively participate on the committee by attending weekly meetings (either by telephone or in person)? Yes () No ()

Representations:

1. Are you or the company you represent in any way "affiliated" with any of the debtors within the meaning of Section 101(2) of the Bankruptcy Code, or a shareholder of, or related to, the debtor(s)? Yes () No ()

If a shareholder, state the number of shares: _____

2. Do you, or the company you represent, engage in a business which directly or indirectly competes with any of the businesses of the debtor(s)? Yes () No ()

3. Have you ever been or are you an officer, director, agent, representative or employee of the debtor(s)? Yes () No ()
Does your claim arise from this relationship? Yes () No ()

4. State when you acquired the claim, the amount paid, and the face amount of the claim:

The claim against Debtor was acquired in and around October 2019, when Claimant became aware that her diagnosis of ovarian cancer was a result of her use of Johnson's Baby Powder.

5. Have you or your attorney entered into a settlement agreement with the debtor regarding resolution of your claim? Yes () No ()

6. Do you have a claim against any entity affiliated with the debtor? Yes () No ()

State the name of the entity and the nature and amount of the claims: _____
Johnson & Johnson, Johnson & Johnson Consumer, Inc.

7. Do you or any affiliated entities have any other claims against, or debt or equity securities of the debtor(s)? Yes () No ()

8. Do you or any affiliated entities have any financial arrangement that may affect the value of your claim(s) against or interest(s) in the debtor(s) (e.g., personal guarantees, credit insurance, etc.)? Yes () No ()

9. If you have given a proxy to a third party either to represent you at the creditors' committee formation meeting, or in connection with your claim, please attach a copy of the written proxy. If a professional person has arranged for someone to hold a proxy on your behalf, please identify that individual: _____ Daniel Lapinski, John Baden IV

You may attach a written statement to explain or supplement any responses.

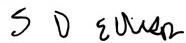
Claimants wishing to serve as fiduciaries on an official committee are advised that they may not purchase, sell or otherwise trade in or transfer claims against the debtor while they are committee members absent an order of the court on application of the claimant.

Please be advised that once a committee is formed, the United States Trustee will file a notice of appointment in the court record that contains contact information for any creditor appointed, including the claimant's name, address, and telephone number.

Privacy Act Statement. 11 U.S.C. § 1102 authorizes the collection of this information. The information will be used by the United States Trustee to determine your qualifications for appointment to the Committee. Disclosure of this information may be to a bankruptcy trustee or examiner when the information is needed to perform the trustee's or examiner's duties, or to the appropriate federal, state, local, regulatory, tribal, or foreign law enforcement agency when the information indicates a violation or potential violation of law. Other disclosures may be made for routine purposes. For a discussion of the types of routine disclosures that may be made, you may consult the Executive Office for United States Trustee's systems of records notice, UST-001, "Bankruptcy Case Files and Associated Records." See 71 Fed. Reg. 59,818 et seq. (Oct. 11, 2006). A copy of the notice may be obtained at the following link: http://www.justice.gov/ust/eo/rules_regulations/index.htm. Your disclosure of information is voluntary; however, failure to provide the requested information may result in the rejection of your application to be appointed to the Committee.

I hereby certify that, to the best of my knowledge and belief, the answers to this Questionnaire are true and correct. By executing this Questionnaire, I also agree to the restrictions and conditions set forth in the preceding paragraphs and in the Committee Information Sheet, and I agree to provide the periodic certifications upon the request of the United States Trustee.

Date: 11/27/21



Signature
Shirleeta Ellison

Print Name
Claimant

Title

Note: This is not a proof of claim form. Proof of claim forms are filed with the Clerk of the Bankruptcy Court, not with the United States Trustee